



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL (LOGANSFORT)

City of Hospital: LOGANSFORT

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$38403798
Outpatient Patient Service Revenue	\$111316203
Total Gross Patient Service Revenue	\$149720001

2. Deductions From Revenue

Contractual Allowance	\$81001536
Other Deductions	\$2603761
Total Deductions	\$83605297

3. Total Operating Revenue

Net Patient Service Revenue	\$66114704
Other Operating Revenue	\$4876097
Total Operating Revenue	\$70990801

4. Operating Expenses

Salaries and Wages	\$26549693	Employee Benefits	\$6688472
Depreciation and Amortization	\$3579125	Interest Expense	\$142526
Bad Debt	\$6777274	Other Expenses	\$19895663
Total Operating Expenses	\$63632753		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7358048	Total Assets	\$73897453
Net Non-operating Gains over Loss	\$121343	Total Liabilities	\$24691611
Total Net Gains	\$7479391		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$59672541	\$40225553	\$19446988
Medicaid	\$25719405	\$20047776	\$5671629
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$64328055	\$23331968	\$40996087
Total	\$149720001	\$83605297	\$66114704

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$335705	\$-335705

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$145198	\$-145198
Hospital Patients	\$0	\$0	\$0
Community Education	\$240	\$28879	\$-28639

Number of Medical Professionals Trained	134
Number of Hospital Patients Educated	98918
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$2603761
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$775250	
HCI Payments	\$0		
Subtotal	\$0	\$775250	\$-775250
Medicaid Shortfalls	\$10075769	\$7657756	
Subtotal	\$10075769	\$8433006	\$1642763
DSH Payments	\$0		
Subtotal	\$10075769	\$8433006	\$1642763
Medicare Shortfalls	\$15867559	\$17767043	
Other Government Programs	\$0	\$0	
Total	\$25943328	\$26200049	\$-256721

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$24314	\$-24314
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0